

UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF WASHINGTON

In re:

Jeffrey Smith

Debtor(s).

Case Number: 91-07286

**Petition for Payment
of Unclaimed Funds**

1. I am petitioning to receive funds in the total amount of \$ 3960.62, which amount was paid into the Court on 7/22/2014 [date(s)] by the case trustee as unclaimed funds on behalf of the following creditor/debtor:

Name: Insurance Co of N America

Address: PO Box 90026 Bellevue WA 98009

Last four digits of SS# or Tax ID#: 3970

2. I believe I am entitled to receive the requested funds based upon the following [check the statement(s) that apply]:

- ☐ a. I am the creditor/debtor named in paragraph 1, and the owner of the funds appearing on the records of this Court, as evidenced by the attached documents, including a current driver's license and social security card (if an individual).
- ☒ b. I am the attorney in fact for the creditor/debtor named in paragraph 1, with authority to receive such funds, and am authorized by the attached notarized, original, Power of Attorney to file this application on the behalf of the creditor/debtor.
- ☐ c. I am the assignee or successor-in-interest of the creditor/debtor named in paragraph 1, or the assignee's or successor-in-interest's representative, as evidenced by the attached documents establishing chain of ownership and/or assignment.
- ☐ d. I am a duly authorized corporate officer (if a corporation) or a general partner (if a partnership) and a representative of the creditor/debtor named in paragraph 1, as demonstrated by the attached documentation, including, if applicable, the corporate seal.
- ☐ e. I am the representative of the estate of the deceased creditor/debtor named in paragraph 1, as evidenced by the attached certified copies of death certificate and other appropriate probate documents which substantiate my right to act on behalf of the decedent's estate.
- ☐ f. Subparagraphs (a) through (e) above do not apply. As evidenced by the attached documents, I am entitled to such monies because: _____

3. I have no knowledge that any other party may be entitled to these funds and I am not aware of any dispute regarding these funds.

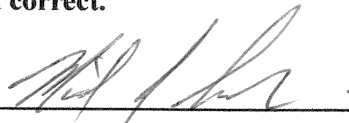
4. Pursuant to 28 U.S.C. § 2042, on 28 Oct. 2014 [date], I mailed a copy of this completed application (with all supporting documentation) to: United States Attorney, 700 Stewart St., Ste. 5220, Seattle WA 98101-1271.

I understand that, pursuant to 18 U.S.C. § 152, I shall be fined not more than \$5,000, or imprisoned not more than five years, or both, if I have knowingly and fraudulently made any false statements in this document or the accompanying supporting documents. I further understand that any indications of fraud detected by the Court will be turned over to the U. S. Attorney for possible prosecution.

I declare (or certify, or verify, or state) under penalty of perjury under the laws of the United States of America, that the foregoing statements and information are true and correct.

Dated: 28 Oct. 2014

Petitioner's Signature



Petitioner's Name

Michael Sullivan, Sierra Funds Recovery Inc.

Address

10123 Main Place Suite B

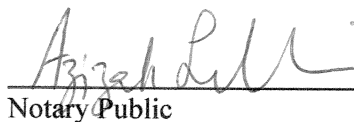
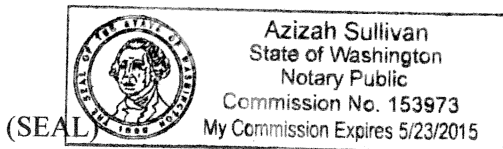
Bothell, WA 98011

Telephone Number

(425) 286-7467

NOTARY:

On this day, October 28, 2014, I certify that I know or have satisfactory evidence that (insert name and title of signer) Michael Sullivan, Sierra Funds Recovery Inc. is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.



Notary Public

My commission expires 05/23/2015

State of Washington

Residing at King County

**AUTHORITY TO ACT – AGENT AGREEMENT
(Limited to One Transaction)**

1. **Insurance Company of North America** ("hereafter CLIENT") appoints Sierra Funds Recovery, Inc., acting through its staff, as its Lawful Attorney In Fact, for the limited purpose of recovering, receiving and obtaining information pertaining to the claim of **Insurance Co of N America**, of an outstanding total amount of **\$3,960.62** in unclaimed funds held by a government agency or authority for the case of: **91-07286 Jeffrey Smith**

2. Sierra Funds Recovery, Inc., may not make any expenditure or incur any costs on behalf of CLIENT without CLIENT'S written consent.

3. CLIENT grants Sierra Funds Recovery, Inc. authority to complete all actions legally permissible and reasonably necessary to recover the unclaimed funds. This limited authority includes the right to endorse and negotiate any instrument of payment. CLIENT authorizes the use of a photocopy of this authorization to act in lieu of the original if required.

4. This appointment is specifically limited to the collection and disbursement of the above named funds. It shall become effective on the date signed below and shall be terminated upon the receipt of funds recovered by Sierra Funds Recovery, Inc. CLIENT reserves the right to revoke this Authority to Act at any time by written notification.

Signed this 30 day of Sept, 2014

By: Crystal Berrien-Hutt
Crystal Berrien-Hutt, Recovery Representative

Tax Identification No: 70

Affix Corporate Seal here
(if unavailable, sign statement to the right)

Be it acknowledged, that the undersigned hereby says under oath that the corporate seal for this company is unavailable to the undersigned.

By: Crystal Berrien-Hutt

NOTARY ACKNOWLEDGMENT

State of PA

County of Delaware

Before me, the person named above, personally appeared and acknowledged to me that he/she is the person whose name is subscribed within the instrument and acknowledged that the execution thereof to be his/her free act. Identification for the above named was (please check the appropriate box):

- ☐ Driver's License (or specify other identification type _____)
☒ Personally Known

Notary Seal

Signed this 30 day of Sept, 2014

Notary Public Signature: Marcia Barrett

Residing At _____

My Commission Expires _____

COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL

Marcia Barrett, Notary Public

Haverford Twp., Delaware County

My Commission Expires November 28, 2014

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EXHIBIT
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